| _   |                   |  | øes                                     | i Wadiio                                    | 1018 6           | 9 9\y         | PAS                    | E,    | 1 of                | 2                      |  |  |
|---|-------------------|--|---|---|------------------|---------------|------------------------|-------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  Application or Docket Number  09/039301 |                   |  |   |   |                  |               |                        |       |                     |                        |  |  |
|   | С                 | SMAL<br>TYPE                             | L ENTITY                                | OR  | OTHER            |               |                        |       |                     |                        |  |  |
| FC  | )R<br>            | NUMBE                                    | NUMBER FILED NUMBER EXTRA               |   |                  | RATE          | FEE                    | 7     | RATE                | FEE                    |  |  |
| BASIC FEE   |                   |  |   |   |                  |               | 345.00                 | OR    | ž                   | 690.00                 |  |  |
| TOTAL CLAIMS  |                   | 2  | minus 20= •                             |   |                  |               | =                      | OR    | X\$18=              |                        |  |  |
| <b> </b>  | DEPENDENT CLAIR   |  | minus :                                 | 3 = •                                       |                  | X39=          |                        | OR    | X78=                |                        |  |  |
| MU  | ILTIPLE DEPENDE   | NT CLAIM PF                              | RESENT                                  |   |                  | +130=         | :                      | OR    | +260=               |                        |  |  |
| • If  | the difference in | column 1 is!                             | less than ze                            | TOTAL                                       |                  | OR            | TOTAL                  | 1090  |                     |                        |  |  |
|   | CLA               | (Column 3)                               | OTHER THAN SMALL ENTITY OR SMALL ENTITY |   |                  |               |                        |       |                     |                        |  |  |
| ENTA  |                   | CLAIMS<br>REMAINING<br>AFTER<br>MENOMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT   | Total •           | 20                                       | Minus                                   | . 20  | = 🖔              | X\$ 9=        | :                      | OR    | X\$18=              |                        |  |  |
| ARE   | Independent -     | 3  | Minus                                   | 3   | = XX             | X39=          | 1                      | OR    | 84.00               |                        |  |  |
|   | FIRST PRESENTA    | ATION OF MI                              | JLTIPLE DEP                             | 'ENDENT CLAIM                               |                  | 100           | -                      | 1     |                     |                        |  |  |
|   |                   |  |   |   |                  | +130=         | !                      | OR    | +260=               |                        |  |  |
|   |                   |  |   |   |                  | ADDIT. FE     | 11                     | OR    | TOTAL<br>ADDIT. FEE |                        |  |  |
| ښــــــــــــــــــــــــــــــــــــــ   | <u> </u>          | (Column 1)<br>CLAIMS                     | 172720000                               | (Column 2)                                  | (Column 3)       | ( <del></del> |                        | a 1   | ·                   |                        |  |  |
| DMENT B   |                   | REMAINING<br>AFTER<br>MENDMENT           |   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| NDN   | Total             | 29                                       | Minus                                   | -20   | = 9              | X\$ 9=        |                        | OR    | X\$18=              | 167.00                 |  |  |
| AMEN  | Independent •     | 5  | Minus                                   | <u>3</u>                                    | = 2              | X39=          |                        | OR    | A 6.00              | 172.00                 |  |  |
| لـــا   | FIRST PRESENTA    | ATION OF MU                              | JUIPLE DEP                              | ENDENT CLAIM                                |                  | +130-         |                        | 1 - 1 | 250-                | 1-101-                 |  |  |
|   |                   |  |   |   |                  | +130=         | نـــــالـــ            | OR    | +260=               |                        |  |  |
| an,   | a d               |  |   |   |                  | ADDIT, FE     |                        | OR    | ADDIT. FEE          |                        |  |  |
| 5   | 14/04 (           | Column 1) CLAIMS                         | 1 · · · · · · · · · · · · · · · · · · · | (Column 2)<br>HIGHEST                       | (Column 3)       |               |                        | a 1   |                     |                        |  |  |
| C   | Ac                | REMAINING<br>AFTER                       |   | NUMBER<br>PREVIOUSLY                        | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL        |       | RATE                | ADDI-<br>TIONAL        |  |  |

| $\Box$    | , 110,   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |  |  |  |  |
|-----------|--|---|-------|---|------------------|--|--|--|--|
| ENTC      | AF   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |  |  |
| AMENDMENT | Total  | . 29                                      | Minus | 29  | = Ø              |  |  |  |  |
| ME        | Independent                                    | • 5                                       | Minus | <b></b> 5                                   | = 'X             |  |  |  |  |
| •         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |  |  |  |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

FEE

X\$ 9=

X39=

+130=

FEE

X\$18=

X78=

+260=

ADDIT. FEE

Age 2 of 2

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FEE NUMBER EXTRA RATE FEE RATE NUMBER FILED FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS X \$ OR x \$ minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS X \$ X \$ OR minus 3 = (37 CFR 1.16(b)) OR +\$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY 6130104 (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-⋖ NUMBER REMAINING **EXTRA** TIONAL TIONAL PREVIOUSLY **AFTER** FFF FEE AMENDMENT PAID FOR Ш Minus Ø Total (37 CFR 1.16(c)) ENDM X \$ x \$ OR Independent (37 CFR 1.16(b)) Minus 5 OR X \$ X S ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-മ REMAINING NUMBER TIONAL TIONAL **EXTRA** PREVIOUSLY AFTER ENDMENT FEE FEE **AMENDMENT** PAID FOR Minus Total (37 CFR 1.16(c)) X \$ OR Minus Independent (37 CFR 1.16(b)) X \$ OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST RATE ADDI-PRESENT ADDI-RATE  $\circ$ REMAINING NUMBER TIONAL **EXTRA** TIONAL PREVIOUSLY AFTER FEE FEE AMENDMENT PAID FOR Minus Total (37 CFR 1.16(c)) ENDMI OR X \$ Minus Independent (37 CFR 1.16(b)) x \$ OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".